## Play Like Winners Volleyball Club Tryout Form

## RELEASE FROM RESPONSIBILITY, ASSUMPTION OF RISK, AND WAIVER

I am registering for: Sun, Oct. 2						
Student's Name	Age:	Age: DOB:Age Division:				
Email Address:			Cell Pho			
School Parent(s) Name			rade	Graduatioi	n Yr.:	
II A 1.1						-
C'4				State	Zip	_
City				State	Zip	_
IN CASE OF EMERGENCY, I	PLEASE CONTACT:					
Name (please PRINT) Emergence	y Phone# Cell Phone#					_
Medical Insurance Company Medical	dical Insurance Compar	ny Phone#				
Policy Number Medical Insuranc	e Address					
Member ID# Group ID#						_
Parent/Guardian Signature Date						
Read this document completely participation in the above-name Penny Lucas-White or Play Lik In consideration of my being pent camp, I (please PRINT name)above named activities, and promharmless the PLW Play Like Wirtheir behalf, and the successors and causes of action whatsoever, both, arising from my participatin I acknowledge that I am aware of including, but not limited to, pull-sprains, broken bones, and damagasume those hazards and risks, a above. I understand that I am sole my participating in normal or unumparticipating in normal or unumpart	e Play Like Winners Vale Winners Volleyball mitted by Play Like Winners Volleyball Club, and assigns for any and a either in law or in equing in and/or presence at the hazards and risks ved/strained muscles, in ge that can result from in d waive all claims again and very responsible for any elements.	Volleyball Club a Club.  nners Volleyball, excluring such partice and their member all of the aforementy, relating to injuic the above listed which may be assuries or damages increased heart rainst PLW, Play I costs arising out of the costs.	Club to participation, hereby, s, employees, antioned personary, disability, activities. Ociated with moto joints and lete including health with the control of any bodily inted activities.	pate in the above free choice by release and conditions and entities, death or other many participation by participation igaments, cuts eart attack and Volleyball Clu	amages or losses againate ove-named club, acade to participate volunta discharge, indemnify a persons or entities act, against all claims, der harm, to person or properties and bruises, concuss a stroke. I understand, ab, and other person as	emy and/or rily in the and hold ting on emands, roperty or activities ions, accept, and
Signature of Athlete			Date			
I, (please PRINT name)above. I have read and understand I fully enter into and agree to the I further request and authorize the for treatment of illness, injury or illness as they think best for the many properties.	I the provisions of this above Release from Re e proper personnel of th both; and I further auth	document. I consessions document. I consessions document. Asset above-named corize the physicians.	ent to the parti umption of Ris amp/club/clini an(s) selected b	icipation in the sk, and Waive ic or refer to a by the camp po	e activities described a r. n appropriate medical ersonnel to treat said i	above, and facility,
Signature of Parent or Guardian			Date			

Complete and Return the registration form waiver and payment to: <u>Play Like Winners, P.O Box 6246 Montgomery, AL 36106</u>, or fax, scan and email it to <u>playlikewinnersvb@gmail.com</u> Please make checks payable to Play Like Winners.

For more information contact playlikewinnersvb@gmail.com, plucaswhite@gmail.com, clark\_latoya@ymail.com